DCH/LPH-502 (04/05)

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

PHARMACIST LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6 weeks processing time.

LICENSURE BY EXAMINATION

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**

3. Graduates of foreign pharmacy programs must have passed the Foreign Pharmacy Graduate Equivalency Examination and have obtained a passing score (not less than 550 written or 213 computerized) on the TOEFL exam, administered by the Educational Testing Service (ETS). Information about the TOEFL Exam is available at www.toefl.org. Foreign graduates should provide a copy of the certificate or other correspondence from the Foreign Pharmacy Graduate Education Commission, containing an EE number. The Foreign Pharmacy Graduate Education Commission can be contacted by phone at (847) 391-4406, by fax at (847) 391-4502 or at www.nabp.net. The Institutional Code for pharmacists is 1789.

4. Michigan requires 1,000 hours of internship (including externship). The Internship Training Affidavit form provided with the application should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

5. All applicants for pharmacist licensure must take and pass the NAPLEX (North American Pharmacist Licensing Exam) and the MPJE (Multi-state Pharmacy Jurisprudence Exam). Scantron registration forms for the exam(s) must be requested by e-mail by sending a message to bhphelp@michigan.gov. Please include your name and a mailing address in the request.

   Instructions for completion of the Scantron registration form are in the NAPLEX/MPJE Registration Bulletin that is available only on-line at www.nabp.net. A hard-copy version of the Bulletin is no longer published. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form. The NAPLEX/MPJE Registration Bulletin also contains information about the content and administration of the exam.

   Michigan candidates must return the completed NAPLEX - MPJE Registration Form to the National Association of Boards of Pharmacy (NABP), with the required fee (cashiers check or money order in U.S. funds only), in the envelope provided. The address of the NABP is as follows:

   National Association of Boards of Pharmacy (NABP)
   1600 Feehanville Drive
   Mount Prospect, IL 60056

   Do not return the exam registration form(s) to the Michigan Board of Pharmacy. Questions regarding the registration form and fee should be directed to the NABP at (847) 391-4406. See the *NAPLEX/MPJE Registration Bulletin* for complete instructions.

You will be issued an Authorization to Test by the testing company after you have sent in your exam registration(s) and the Michigan Board of Pharmacy has made you eligible for the exams. The Authorization to Test will contain the dates you are eligible to take the NAPLEX and/or MPJE. Please refer to the NAPLEX/MPJE Registration Bulletin for more information.

6. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

LICENSURE BY SCORE TRANSFER (PREVIOUSLY TAKEN THE NAPLEX EXAMINATION)

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. Graduates of ACPE approved pharmacy education programs must forward the Certificate of Pharmacy Education to your school of pharmacy to request verification of pharmacy education and externship hours granted. **The Certificate of Pharmacy Education must be mailed directly from your college to this office.**

3. Graduates of foreign pharmacy programs must have passed the Foreign Pharmacy Graduate Equivalency Examination and have obtained a passing score (not less than 550 written or 213 computerized) on the TOEFL exam, administered by the Educational Testing Service (ETS). Information about the TOEFL Exam is available at www.toefl.org. Foreign graduates should provide a copy of the certificate or other correspondence from the Foreign Pharmacy Graduate Education Commission, containing an EE number. The Foreign Pharmacy Graduate Education Commission can be contacted by phone at (847) 391-4406, by fax at (847) 391-4502 or at www.nabp.net. The Institutional Code for pharmacists is 1789.

4. Contact the National Association of Boards of Pharmacy (NABP) to seek instructions on providing your licensure and exam history to Michigan. NABP can be reached at (847) 391-4406 or online at www.nabp.net. Official scores from the NAPLEX examination must be received directly from the National Association of Boards of Pharmacy.

5. Michigan requires 1,000 hours of internship (including externship). The Internship Training Affidavit form provided with the application should be used only to report those intern hours gained in Michigan while holding an intern license. Hours gained in other states must be reported directly to this office by the Board of Pharmacy in the state where the intern hours were obtained.

6. All applicants for pharmacist licensure must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam). Scantron registration forms for the exam(s) must be requested by e-mail by sending a message to bhphelp@michigan.gov. Please include your name and a mailing address in the request.

   Instructions for completion of the Scantron registration form are in the NAPLEX/MPJE Registration Bulletin that is available only on-line at www.nabp.net. A hard-copy version of the Bulletin is no longer published. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form. The NAPLEX/MPJE Registration Bulletin also contains information about the content and administration of the exam.

   Michigan candidates must return the completed MPJE Registration form to the National Association of Boards of Pharmacy (NABP) with the required fee (cashiers check or money order in U.S. funds only) in the envelope provided. The address of the NABP is as follows:

   National Association of Boards of Pharmacy (NABP)
   1600 Feehanville Drive
   Mount Prospect, IL 60056

   Do not return this information to the Michigan Board of Pharmacy. Questions regarding the registration

form and fee should be directed to the NABP AT (847) 391-4406. See the NAPLEX - MPJE Registration Bulletin for complete instructions.

You will be issued an Authorization to Test by the testing company after you have sent in the MPJE Registration Form and have been made eligible for the MPJE by the Michigan Board of Pharmacy. The Authorization to Test will contain the dates you are eligible to take the MPJE.

8. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

LICENSURE BY ENDORSEMENT (LICENSED IN ANOTHER STATE)

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. Contact the National Association of Boards of Pharmacy (NABP) to seek instructions on providing your licensure and exam history to Michigan. NABP can be reached at (847) 391-4406, by fax at (847) 391-4502 or at www.nabp.net.

3. All applicants for pharmacist licensure must take and pass the MPJE (Multi-state Pharmacy Jurisprudence Exam). Scantron registration forms for the exam(s) must be requested by e-mail by sending a message to bhphelp@michigan.gov. Please include your name and a mailing address in the request.

   Instructions for completion of the Scantron registration form are in the NAPLEX/MPJE Registration Bulletin that is available only on-line at www.nabp.net. A hard-copy version of the Bulletin is no longer published. The sample Scantron form included in the online Bulletin cannot be printed and submitted as the registration form. The NAPLEX/MPJE Registration Bulletin also contains information about the content and administration of the exam.

   Michigan candidates must return the completed MPJE Registration form to the National Association of Boards of Pharmacy (NABP) with the required fee (cashiers check or money order in U.S. funds only) in the envelope provided. The address of the NABP is as follows:

   National Association of Boards of Pharmacy (NABP)
   1600 Feehanville Drive
   Mount Prospect, IL 60056

   Do not return this information to the Michigan Board of Pharmacy. Questions regarding the registration form and fee should be directed to the NABP AT (847) 391-4406. See the NAPLEX - MPJE Registration Bulletin for complete instructions.

   You will be issued an Authorization to Test by the testing company after you have sent in the MPJE Registration Form and have been made eligible for the MPJE by the Michigan Board of Pharmacy. The Authorization to Test will contain the dates you are eligible to take the MPJE.

4. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We must receive copies of any testing and/or evaluations that were done to make the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: Department of Community Health, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Pharmacy in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Pharmacy in writing to request a refund.

3. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.

DCH/LPH-025 (07/04)

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

CERTIFICATION OF PHARMACY EDUCATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

SECTION I - APPLICANT INFORMATION

Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Michigan Board of Pharmacy by the pharmacy school.

First Name	Middle Name	Last Name

U. S. Social Security Number	Date of Birth

Street Address

City	State	Zip Code

SECTION II - CERTIFICATION TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Pharmacy at the address shown on this form.

I certify that _____
(Student Name)

has met the requirements for the degree of _____ from
(Degree)

_____ on the _____ day of
(School/College of Pharmacy)

_____, year of _____ .
(Month)

COLLEGE SPONSORED INTERNSHIP EXPERIENCE

Date Experience Began	Date Experience Completed	Total Clock Hours

_____ _____
Signature of Dean or Authorized Person — Date of Signature

_____
Print or Type Name of Dean or Authorized Person and Title

(S E A L)

If school has no seal, please indicate

NOTE: This form <u>may not be</u> completed and submitted prior to the date on which the applicant's requirements for a pharmacy degree are met. If the form is received in this office prior to that date, it will be returned for submission at the appropriate time.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

APPLICATION FOR PHARMACIST LICENSE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ❒ Pharmacist License by Examination: 60.00
- ❒ Pharmacist License by Score Transfer - Fee: $60.00
- ❒ Pharmacist License by Endorsement - Fee: $60.00

Controlled Substance License: Complete the attached application form and return it with 1 year fee of $85.00

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone Number ( )
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		

Have you ever held a health professional license in Michigan?

❒ No ❒ Yes - If yes, list Michgian Permanent I.D./License Number and Expiration Date: _____

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	❒ Yes	❒ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	❒ Yes	❒ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	❒ Yes	❒ No
4. Have you been treated for substance abuse in the past 2 years?	❒ Yes	❒ No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? ❒ Yes ❒ No

6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period? ❒ Yes ❒ No

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ❒ Yes ❒ No

8. Have you ever been censured, or requested to withdraw from a health care facility staff privileges involuntarily modified? ❒ Yes ❒ No

9. Do you hold or have you ever held a permanent pharmacist license in any state? If yes, list the state(s) in which you hold or have held a pharmacist license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. ❒ Yes ❒ No
You must have each state board verify licensure directly to this board office.
(Attach additional sheets, if necessary)

State	License Number	Date of Issue	How Obtained (Endorsement or examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

INTERNSHIP TRAINING AFFIDAVIT

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Note: This form is to be used only to report those intern hours gained in Michigan while holding a Michigan Pharmacist Intern license. Hours gained in other states must be reported to this office directly by the Board of Pharmacy in the state where the intern hours were obtained.

INSTRUCTIONS: This form is to be completed by the Preceptor or Authorized Agent. Please use a separate Affidavit for each site where internship was completed.

INTERN INFORMATION

Type or Print Only

First Name	Middle Name	Last Name

Street Address	Michigan Permanent I.D. Number and Expiration Date

City	State	ZIP Code

Is this a name change?	Is this an address change?
☐ No ☐ Yes - If yes, indicate previous name _____	☐ No ☐ Yes

SITE INFORMATION

Site Name	Street Address	

City	State	ZIP Code

PRECEPTOR INFORMATION

Preceptor Name	Preceptor Michigan Permanent I.D. Number and Expiration Date

PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only
INTERNSHIP					
EXTERNSHIP					
				Total Approved Hours	
				Approved by	

Name

The Board of Pharmacy requires that Interns receive professional and practical experience in all of the following areas: Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

AREA OF TRAINING	APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING	IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO)
Pharmacy Administration & Management		
Drug Distribution, Use, & Control		
Legal Requirements		
Providing Health Information & Advising Patients		
Pharmacists' Ethical & Professional Responsibilities		
Drug & Product Information		
Other Internship Activities (List Below):		
TOTAL	**100%**	

We certify that the information provided above accurately reflects the internship experience gained during this reporting period.

Preceptor's Signature

Intern's Signature

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/LPH-090 (03/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Board Use Only
License Number
Date of Licensure

Type or Print Only

INSTRUCTIONS

1. CONTROLLED SUBSTANCE FEE: **Initial (first time) professional license or relicensure of your professional license - $85.00. If you already hold a professional license and your professional license expires in:**

0-12 months the fee is $85.00 (13757) **13-24 months the fee is $160.00 (23757)** **25-36 months the fee is $235.00 (33757)**

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**

3. **Allow up to six weeks for your paper license to arrive.**

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name

THIS LICENSE VALID - ONLY AT THE FOLLOWING LOCATION

Street	Telephone Number

City	State	ZIP Code

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

	Regular		Educational Limited
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐
☐ 43 - 01 M.D. 71-5315	☐		
☐ 51 - 01 D.O. 71-5315	☐		
☐ 49 - 01 O.D. 71-5330	☐		
☐ 53 - 01 Pharmacy Store 71-5301	☐		
☐ 53 - 02 R.Ph. 71-5302	☐		
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐		

STATUS:

1. **Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**

☐ **Yes** ☐ **No**

If Yes, please explain on separate sheet.

2. **Is your current professional license limited as a result of Board disciplinary action?**

☐ **Yes** ☐ **No**

Michigan Permanent I.D. Number (as shown on your pocket card)	
Expiration Date of License	Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature	Date

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.